FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

110	~ 011
OMB AF	PROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated avera	ge burden
hours per resp	onse 16.00
SEC US	E ONLY
Prefix	Serial
DATER	ECEIVED

1402844

	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) 2007 Convertible Promissory Note and Warrant Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) DULOE
A. BASIC IDENTIFICATION DAT	A CECTOR OF THE STATE OF THE ST
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Adzilla, Inc.	Tomas Tomas
Address of Executive Offices (Number and Street, City, State, Zip Code) 1140 W. Pender Street, Suite 840, Vancouver BC, Canada V6E 4G1	Telephone Number (Including Area Code) (604) 628-4350
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	rerephone runner (merading Area code)
Brief Description of Business Internet advertising JUN 18	2007
Type of Business Organization Corporation business trust Imited partnership, already formed limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization: Month Year 0 5 0 7 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS Federal:	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC ID	ENTII	FICATION DATA	,:: . ¥		· · · · · · · · · · · · · · · · · · ·	
 Each beneficial own Each executive office 	e issuer, if the issuer h er having the power to	has been organized within the to vote or dispose, or direct the porate issuers and of corporate	e vote	or disposition of, 10%				
Check Box(es) that Apply:		Beneficial Owner	×	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, i Farlinger, John	findividual)				·			
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)						
1140 W. Pender Street, Suit	e 840, Vancouver B	C, Canada V6E 4G						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, in Hawes, George	f individual)							
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)						
1140 W. Pender Street, Suit		· · · · · · · · · · · · · · · · · · ·						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, it Roker, Robert	findividual)							· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)						
1140 W. Pender Street, Suit	•							
Check Box(cs) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	findividual)							
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)						
Check Box(cs) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	findividual)							
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, in	findividual)							
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)		- t*				
	(Use blank	k sheet, or copy and use add	litiona	l copies of this sheet	as ne	ecessary)		

	·		V-1	ੂੰ: B.	INFOR	MATION.	ABOUT OF	FFERING				3:
l. Has t	he issuer sold.	or does the i	course intend	to call to no	n accredited	investor in	hio offerings)	•		Yes	No ⊠
1, 1145	ine issuer solu.	or does the r	ssuer miteria				-	ınder ULOE.		******		Ø
2. Wha	t is the minimu	m investmen	nt that will be								s	N/A
3 Does	the offering p	armit ioint o	wnership of a	single unit?							Yes □	No ⊠
	r the informatic	•	•	-								
remu perso	meration for so on or agent of a five (5) person	licitation of p broker or de	ourchasers in aler registere	connection v d with the SE	vith sales of s C and/or wit	ecurities in th h a state or st	ne offering. I ates, list the	f a person to l name of the b	be listed is ar roker or dea	associated ler. If more		
deale	er only.			- percons or		. 01 404.0.,)					· · · · · · · · · · · · · · · · · · ·	
Full Name	(Last name fir	st, if individ	ual)									
Business	r Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name of A	Associated Brok	ker or Dealer	•				<u> </u>					
States in V	Vhich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers					,		
(Check	"All States" or	check indivi	iduals States)		***************************************			***************************************			□ A	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НІ]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Full Name	(Last name fir	st, if individ	ual)									
Business o	r Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)							
Name of A	Associated Brok	ker or Dealer	•				:					
States in V	Vhich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
(Check	"All States" or	check indivi	iduals States)		***************************************			***************************************			□ A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НІ]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[LN]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name fir	st, if individ	ual)									
Business o	r Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)			<u> </u>				
Name of A	Associated Brol	ker or Dealer	•						,			
States in V	Vhich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Check	"All States" or	check indiv	iduals States)		*****************				***************************************	••••••	□ A	ll States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]

[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE Enter the aggregate offering price of securities included in this offering and the total amount already sold.	OF:1	PROCEEDS	5.2 1.40 A	
	Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \subseteq and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	, ,		Aggregate	Am	ount Already
	Type of Security Debt		fering Price	e	Sold
				\$_	500,000.00
	Equity	₂ —		\$	0
	Common Preferred				
	Convertible Securities (including warrants)			\$_	500.00*
	Partnership Interests			\$	0
	Other (Specify)			\$	0
	Total	\$	625,500.00	S	500,500.00
	*Offering includes warrants to purchase Common Stock issued at an aggregate warrant price of \$500.00 and The Company has received \$500.00 upon the issuance of such warrants and will receive \$125,000.00 when and Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	Do	Aggregate llar Amount f Purchase
	Accredited investors		2	\$	500,500.00
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering		Type of Security	Do	llar Amount Sold
	Rule 505		occurry.	\$	Solu
	Regulation A			s	
	Rule 504			<u> </u>	
	Total		·		
			_	<u> </u>	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			\$	
	Legal Fees		×	\$	40,000.00
	Accounting Fees			\$_	
	Engineering Fees			_	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			s	
	Total		⊠	s	40,000.00
			16.31	~ _	10,000.00

	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	. Acade e contamina contam
••	total expenses furnished in response to Part C - C	ffering price given in response to Part C - Question 1 and Question 4.a. This difference is the "adjusted gross	i	\$ <u>475,500.00</u>
i,	the purposes shown. If the amount for any purpos	proceeds to the issuer used or proposed to be used for each use is not known, furnish an estimate and check the box to to sted must equal the adjusted gross proceeds to the issuer steets.	the	
	·		Payments to Officers, Directors & Affiliates	Payments To Others
	Salaries and fees		S	□ \$
	Purchase of real estate		s	□ \$
	Purchase, rental or leasing and installation of m	achinery and equipment	□ s	s
	Construction or leasing of plant buildings and fr	acilities	□ s	□ \$
	Acquisition of other businesses (including the viused in exchange for the assets or securities of a	value of securities involved in this offering that may be another issuer pursuant to a merger)	□ 's	□ s
	Repayment of indebtedness		□ \$	☒ \$ <u>105,793.00</u>
	Working capital		□ s	⊠ \$ <u>369,707.00</u>
	Other (specify):		□ \$	□ s
		ed)		
	10th Fayments Elsied (committed adde		K2I 3	<u>5,300,00</u>
	``	D. FEDERAL SIGNATURE		
ınde		undersigned duly authorized person. If this notice is filed unand Exchange Commission, upon written request of its staff, 502.		
ss u	uer (Print or Type)	Signature Da	Pate 14 - > /	/
	zilla, Inc ne of Signer (Print or Type)	Title of Signer (Print or Type)	May 31/	<i>0</i> 7
		President, Chief Executive Officer & Secretary		
0:11	Traimgei	President, Office executive officer to sectionary		
		ATTENTION		
	Intentional Misstatements or O	missions of Fact Constitute Federal Criminal Violatio	ons. (See 18. U.S.C. 100	1.)

	v malin - 7 Citt's Wit	** E. **S	TATE SIGNATURI	·	in appere	mynyiw ! Wil z	N				
1.	Is any party described in 17 CFR 230.262 pre	sently subject to any of	the disqualification p	rovisions of such rule?		Yes	No				
		See Appendix, Co	olumn 5, for state res	ponse.							
2.	The undersigned issuer hereby undertakes to 239,500) at such times as required by state lateral experience.	•	inistrator of any state	in which this notice is fi	led, a notice on F	Form D (17 CFR				
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.	The undersigned issuer represents that the iss Exemption (ULOE) of the state in which this establishing that these conditions have been s	notice is filed and unde					_				
	issuer has read this notification and knows the norized person.	contents to be true and	has duly caused this	notice to be signed on its	behalf by the und	lersigned	i duly				
lssu	ner (Print or Type)	Signature		Date		/					
Adz	illa, Inc.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		17	67 51/	V 1					
Nai	ne of Signer (Print or Type)	Fittle of Signer (Prin	nt or Type)								

President, Chief Executive Officer & Secretary

Instruction:

John Farlinger

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	T	2 3			 5				
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)	Number of	Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)				
				Number of Accredited		Number of Non-Accredited			
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AK	<u> </u>								
AZ									
AR									
CA		х	Convertible Promissory Notes and Warrants to purchase Preferred and Common Stock, \$625,500.00	2	\$500,500.00	0	0		х
СО									
СТ				······································		······································			
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